

Treatment of Retinoblastoma

The management of patients with retinoblastoma based on the experience of treatment of 54 patients with this disease at the UCLA Center for Health Sciences reveals that the chances for survival are excellent, even in patients who have disease involving both eyes when treated by surgical operation or surgical operation and radiation therapy.

When the disease is of limited extent, the results are excellent when the patients are treated by radiation therapy and there is a very good chance of preserving vision.

The treatment of patients with retinoblastoma requires coordinated teamwork between the pediatrician, ophthalmologist, anesthetist, and radiation therapist.

The use of ketamine (Ketalar®, Parke, Davis) anesthesia permits rapid induction of the anesthesia without respiratory or circulatory depression. Endotracheal intubation is not necessary. The patients awaken in a short time. They can be treated as outpatients.

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Emergency Treatment of Pneumothorax

Symptomatic pneumothorax, whether small, large, or under tension, and a pneumothorax in any patient with underlying pulmonary disease or previously diagnosed poor pulmonary reserve, can be afforded immediate treatment by a simple technique of insertion of a newly designed pneu-

mothorax catheter. Particularly, in emergency treatment of pneumothorax complicating needle aspiration biopsies the system can be used to prevent any serious complications. The chest tube is made of a thin-walled Teflon No. 9 (French) radiopaque material. The tubing is 14 inches long and the distal 3 inches have multiple perforations to allow an easy flow of air into the tube lumen. A No. 18 cannula, 8 inches long containing an obturator is inserted through the most proximal side hole in the tube rendering the distal part of the catheter inflexible. The cannula fits tightly against the inner wall of the distal end of the catheter and prevents leakage of air. After making a small stab wound in the skin, usually at the level of the second anterior interspace, in the mid-clavicular line, the catheter is inserted by pushing the cannula and catheter simultaneously into the pleural space. The stiffening cannula is then removed, the catheter is inserted further into the pleural space, and the proximal end is attached to a one-way Heimlich drainage valve. The method is simple and safe, and does not require any advance surgical skill or training. The use of this procedure is suggested as a reliable expedient for immediate treatment of any pneumothorax that may present as an emergency in the radiology department.

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Angiographic Demonstration of Renal Vein Invasion in Renal Carcinoma

Angiographic demonstration of renal carcinoma with associated collateral veins about the kidney has a high association with renal vein invasion by tumor. The presence of these veins on abdominal aortograms and selective renal angiogram is referred to as the "collateral vein" sign.

The basis of this sign is the rich anastomotic network of veins draining the kidney. The collateral veins include the subcapsular, capsular